

Historic Preservation Easement Program Change/Alteration Request Application

*This form is intended to be used by Maryland Historical Trust (MHT) Easement Property Owners and/or the Authorized Project Contact to initiate review of projects which require approval of the Director of the MHT as per the Deed of Easement. All **Change/Alteration Request Applications** must be submitted along with pertinent supplemental information in hard copy with an original signature at least one week prior to the scheduled meeting date. Easement Program staff will evaluate the application for completeness and may require additional information to facilitate review by the Easement Committee and Director. The application review period (as specified by each Deed of Easement) will not commence until Easement Program staff has deemed the application to be complete.*

Return the Change/Alteration Request Application, and other information to:
Kate Bolasky, Administrator, Historic Preservation Easement Program
Maryland Historical Trust, 100 Community Place, Crownsville, MD 21032
(410) 697-9537/kate.bolasky@maryland.gov

Easement Property Information:

Name of Easement Property:			
Alternative Name:			
Address of Property:			
		County:	
Maryland Inventory of Historic Places # (if known): (for more information visit http://mht.maryland.gov/research_survey.shtml)			
Scope of Easement:	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input type="checkbox"/> Archaeology	Is the scope of work located inside the easement boundary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What does the Easement protect? (Check all that apply)			

*For a copy of the easement document, please contact Kathy Monday (410) 697-9575/ kathy.Monday@maryland.gov

Property Owner Information:

Name of Current Property Owner:			
Address of Property Owner: (If different than property address)			
		Date of Purchase:	
Work/Home Telephone:		Fax:	
Mobile Telephone:		Email:	

If application is completed by someone other than owner (only complete if applicable):

Name of Authorized Project Contact:			
Relationship to owner:			
Address of Authorized Project Contact:			
Daytime Telephone:		Fax:	
Mobile Telephone:		Email:	

Project Funding Information:

Is this project being funded by any of the following sources? <i>Please check all that apply:</i>	<input type="checkbox"/> MHT Capital Grant (FY ____) <input type="checkbox"/> MHT Loan <input type="checkbox"/> MHAA Capital Grant (FY ____) <input type="checkbox"/> AAHPP Grant (FY ____) <input type="checkbox"/> Historic Tax Credits (<input type="checkbox"/> Residential/ <input type="checkbox"/> Commercial) <input type="checkbox"/> Bond Bill (Chapter ____/Year ____) <input type="checkbox"/> Other State/Federal Funding ____ <input type="checkbox"/> Other Funding ____
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Please check that you have included the following information as part of your complete application:

<i>Required:</i> <input type="checkbox"/> Change/Alteration Request Application <input type="checkbox"/> Detailed Work Description <input type="checkbox"/> Printed Photographs & CD; properly labeled/identified	<i>As Necessary (Recommended):</i> <input type="checkbox"/> Site Plan/Drawings/Plans (dated ____) <input type="checkbox"/> Product Information/Specifications <input type="checkbox"/> Other ____
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The Easement Property Owner and/or the Authorized Proposal Contact is encouraged to keep a duplicated copy of all application information sent to the MHT, including photos and plans, as the MHT staff may need to discuss the application with the applicant prior to submission to the Easement Committee.

Signature of Owner or Authorized Representative/Date: _____/_____

Detailed Work Description Form

(Include all construction, reconstruction, improvement, enlargement, painting and decorating, alteration, demolition, maintenance or repair, and excavation)

Work Item #

Architectural/Landscape feature:	Describe, in detail, the proposed work and impact on existing feature:	
Approximate date of feature:	<i>Be sure to include details and specifications on proposed products</i>	
Describe existing feature and its condition:	Photo no.	Drawing no.

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Architectural/Landscape feature:	Describe, in detail, the proposed work and impact on existing feature:	
Approximate date of feature:	<i>Be sure to include details and specifications on proposed products</i>	
Describe existing feature and its condition:	Photo no.	Drawing no.

* Please print this page again to include as many work items as necessary.